

Madigan Army Medical Center Referral Guidelines

Melanoma

Diagnosis/Definition

Suspected or biopsy-proven malignant melanoma.

Initial Diagnosis and Management

- Suspect melanoma is a pigmented lesion based on the following changing factors and remembered by the mnemonic "ABCD".
 - Asymmetry: self-explanatory, and very important.
 - Border: irregularity of the margin of a pigmented lesion.
 - Color: variable colors within a single pigmented lesion.
 - Diameter: lesion greater than 6mm diameter.
- If melanoma is strongly suspected appropriate excisional biopsy may be done or, refer directly to Dermatology or General Surgery (arranged provider to provider) prior to biopsy for initial specialty assessment.
- Excisional biopsy is preferred on small lesions with minimal (2-3mm) margin; for larger lesions, or lesions in cosmetically sensitive areas, Incisional biopsy of suspicious portion is preferred. Avoid punch biopsies if you cannot take the entire lesion.
- Avoid transversely oriented excisional biopsies on an extremity (a biopsy which, when completed, will result in a transverse closure).
- Avoid performing "shave biopsies" on a lesion suspected of being melanoma.
- Entry (listing site, depth, management) into the patient's Master Problem List by the provider confirming the diagnosis.

Ongoing Management and Objectives

Indications for Specialty Care Referral

Refer patients with suspected or new diagnosis to either Dermatology or General Surgery. If there is a strong possibility that the patient might be delayed in seeing a specialist, contact the specialty provider on-call to arrange a "curb-side" visit.

Criteria for Return to Primary Care

After initial definitive diagnosis and therapy, patients with melanoma should be followed at specialty level clinic (General Surgery, Dermatology, or Oncology) as follows:

- Patients who have undergone curative resection and with no clinically detectable metastatic disease should be followed in General Surgery or Dermatology Clinic for the first two years after initial therapy, after which time they may be followed at a primary care level. Detailed exam of the initial melanoma site, all regional lymphatic beds, and general surveillance of other moles should take place at each visit.
- Patients with proven nodal metastases or other proven metastatic disease should be followed in Oncology Clinic together with the patient's primary care provider, as appropriate.

Pictures of_Melanoma_from NZ DermNet - New Zealand Dermatological Society

Last Review for this Guideline: **October 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator